

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EW	499	1/13/01/01 1/21/01/01
RESPONSE FORMALITY REVIEW	COA	825	5/16/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1 ✓	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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BB 2/1/01